

## Michigan Department of Natural Resources Forest, Mineral, and Fire Management / Grants Management

## RECREATIONAL AND SNOWMOBILE GRANTS PROGRAM REIMBURSEMENT REQUEST

This information is required by authority of Part 821 Snowmobiles, 1994 PA 451, as amended to receive reimbursement.

	TRAIL SPONSOR INFORT	MATION				
Trail Sponsor (Organization Name)	THAIL OF CHOOK IN CIVI	Trail Sponsor Number				
Street Address		Grant Year	Grant Year			
City	State ZIP + 4	Federal Identification Number				
Month	GROOMING OPERATI	ONS				
DATE STARTED GROOMING	DATE ENDED GROOMING	TOTAL MILES GROOMED	DNR USE ONLY \$ AMOUNT			
	to					
		GROOMING OPERATIONS SUBTOTA	\L <mark>\$</mark>			
	BRUSHING AND SIGN	NING				
	ENT METHOD		<u>Amount</u>			
☐ Fix	\$					
3-N	\$					
☐ 1-N	\$					
		BRUSHING AND SIGNING SUBTOTA	<u>.L \$</u>			
**Utilities payments are paid in four	UTILITIES** PAYMENT REG (4) installments during the grooming	•	Амолыт			
CHECK ONE ONLY			AMOUNT <u>REQUESTED</u>			
☐ 1 <sup>st</sup> Installme	\$					
2 <sup>nd</sup> Installmo	\$					
 ☐ 3 <sup>rd</sup> Installme	\$ \$					
☐ 4 <sup>th</sup> Installme	\$					
	L \$					
See instructions under	MISCELLANEOUS EXPERIENT PROCEDURES IN the Recr		oook. <b>\$ A</b> mount			
<del></del>	ceint and navment documentation)					
Comp/Collision Insurance (attach re	\$					
Liability Insurance (attach receipt an	Ψ					
Property Leases (attach payment do	Ψ					
Total Number of Miles Leased	Φ					
Snow Plowing, Porta-johns (attach receipts and payment documentation) \$   MISCELLANEOUS EXPENSES SUBTOTAL \$						
	MIS	CELLANEOUS EXPENSES SUBTOTA	л. Ф			
		PAGE 1 SUBTOTA	.L \$			

		IAL <b>M</b> AINTENANCE A			
	See instructions under Reimbo	ursement Procedures in	the Recreational and		T.
PROJECT No.	PROJECT LOCATION	PROJECT	DESCRIPTION	PAYMENT METHOD PARTIAL FINAL	\$ AMOUNT
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
		SPECIAL MAINTE	ENANCE AND TRAIL DE	EVELOPMENT SUBTOTAL	\$
		CONTING			
	ctions under Reimbursement Proce			rant Handbook.	¢ Amount
PROJECT LOC	CATION	PROJECT DESCR	IPTION		\$ AMOUNT
					Φ
					Φ
					_ \$
			Co	NTINGENCY SUBTOTAL	\$
		EQUIPMENT R	EDI ACEMENT		
Ітем		EQUIPMENT KI	EPLACEMENT		\$ AMOUNT
	pment	Make/Model		Year	` <del></del>
Type of Equi					
Type of Equipment Make/Model Year  EQUIPMENT REPLACEMENT SUBTOTAL				\$	
			EQUIPMENT INC.	PLACEMENT CONTOTAL	Ψ
		REIMBURSEME	NT SUMMARY		
					\$ AMOUNT
				SUBTOTAL PAGE 1	\$
				SUBTOTAL PAGE 2	\$
			TOTAL REIMBU	RSEMENT REQUEST	\$
		TRAIL SPONSOR			
Trail Sponso	r Signature	Date	Trail Sponsor Signatur	е	Date
TPAII SPO	NSOR: Return this completed	I Raimhursamant Rac	nuest to your Forest	t Mineral and Fire Man	agement Contact
TALL OP	-		-		_
	* FOR DNR USE ONLY	(* - DEPARTMENT C	F NATURAL RESOL	JRCES AUTHORIZATIO	N
REMARKS:					
Approved By			Date	Amount Appro	oved
			ĺ	<b> \$</b>	

FMFM - Unit: Upon approval forward this request to Grants Management.